

**DENTAL SERVICES FOR ADULTS  
THROUGH  
MISSOURI'S PARTNERSHIP FOR  
HOPE WAIVER**

**January, 2013**

# WAIVER HISTORY

- In 1981, Congress added a new section to the Social Security Act, section 1915(c) authorizing state Medicaid agencies to apply for home and community based waivers.
- Missouri's first waiver was implemented in 1982 to serve people age 65 and over.
- Missouri's first waiver for individuals with developmental disabilities was implemented in 1988.

## WHAT IS “WAIVED?”

- 1915(c) authorized Center for Medicare and Medicaid Services to waive certain requirements for state Medicaid programs, such as requirement to offer services statewide and to all individuals.
- States may offer services only in specific geographic areas.
- States may offer services not covered under the regular Medicaid program, called “Medicaid State Plan.”

# MO WAIVERS ADMINISTERED BY THE MO DEPARTMENT OF HEALTH AND SENIOR SERVICES

- Waiver for Elderly and Disabled People
- Independent Living Waiver
- Waiver for People Living with AIDS/HIV
- Medically Fragile Adult Waiver
- Adult Daycare Waiver

# MO WAIVERS ADMINISTERED BY DMH DIVISION OF DEVELOPMENTAL DISABILITIES

- Comprehensive Waiver
- Community Support Waiver
- Missouri Children with Developmental Disabilities (“Lopez”) Waiver
- Waiver for Children with Autism Spectrum Disorders
- Partnership for Hope Waiver

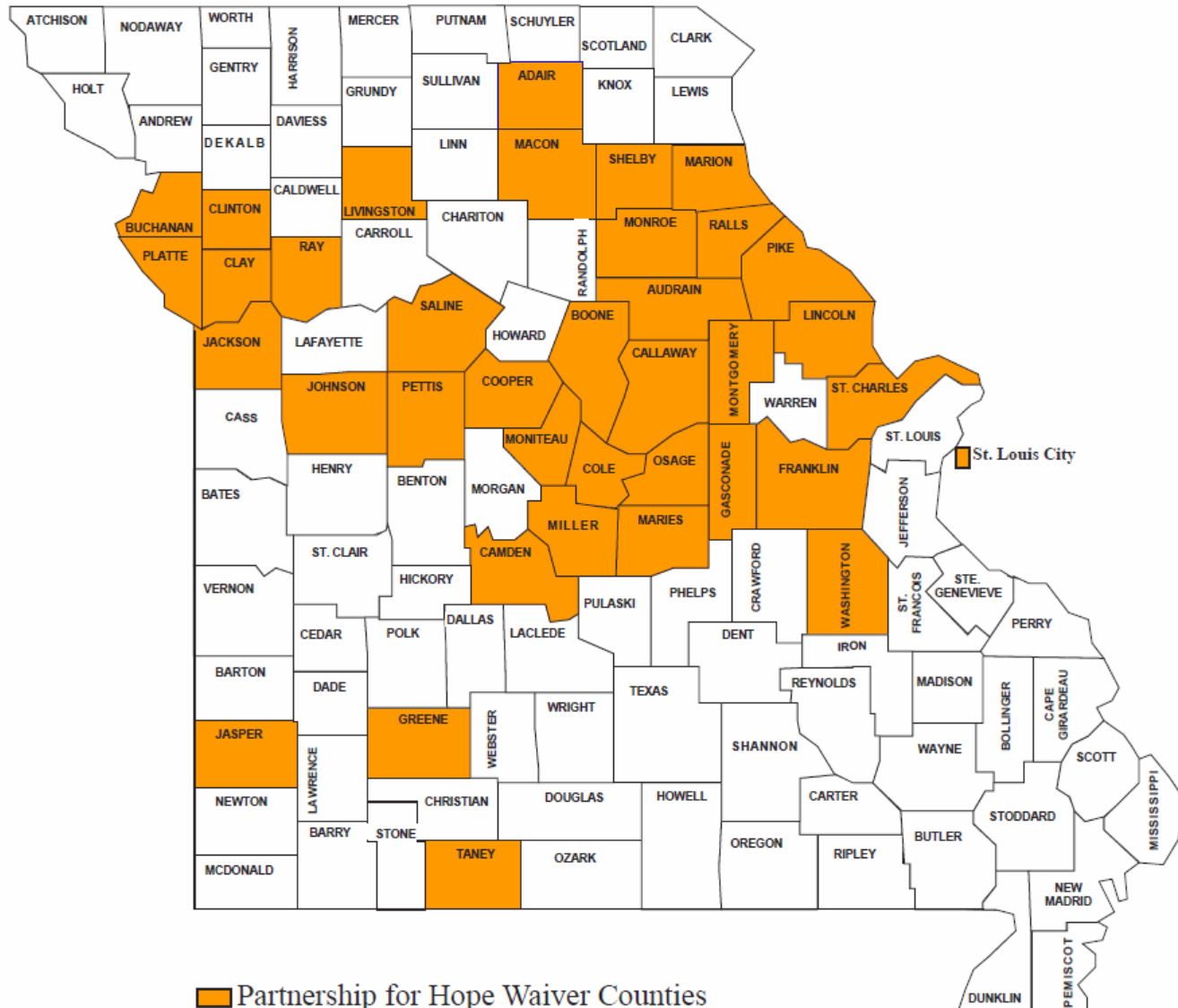
# PEOPLE SERVED BY THE DIVISION OF DD

- The Division of DD serves approximately 30,000 children and adults each year.
- Comprehensive waiver – covers residential supports, does *not* include dental services: 8275
- Community support waiver – same services as Comprehensive except residential (*no dental*): 1500
- Missouri Children with DD waiver – children through age 17: 366
- Autism Waiver: Children ages 3-18: 175
- Partnership for Hope: Will serve 2870 this year, approximately 2,000 will be adults

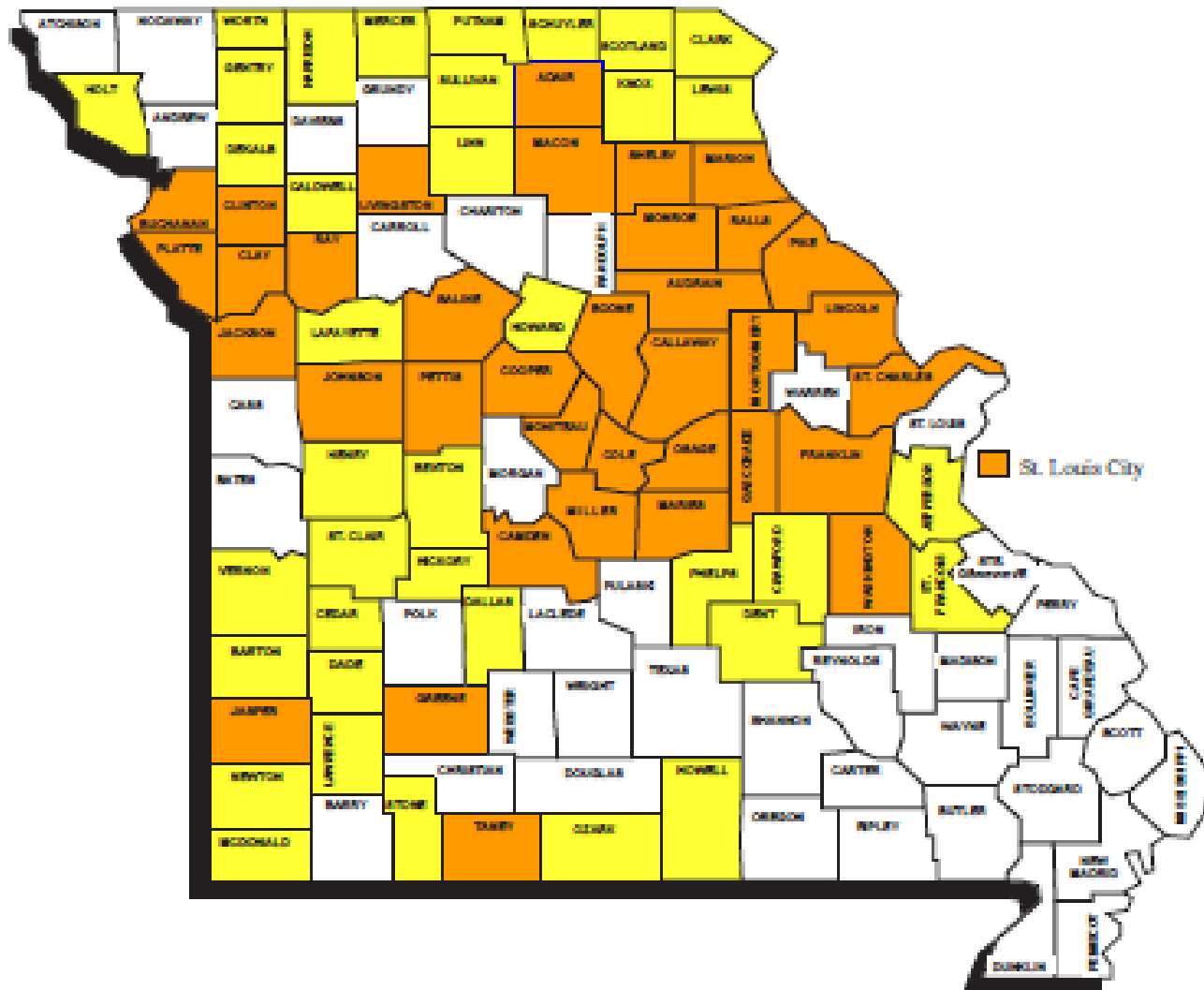
# ADMINISTRATIVE AUTHORITY

- CMS requires the state Medicaid agency to retain administrative authority and responsibility for the operation of the waiver program.
- MO HealthNet is Missouri's state Medicaid agency.
- The Division of DD is the “operational agency” for all DD Waivers.

# PARTNERSHIP FOR HOPE OCTOBER 2010



# PARTNERSHIP FOR HOPE FEBRUARY 2011

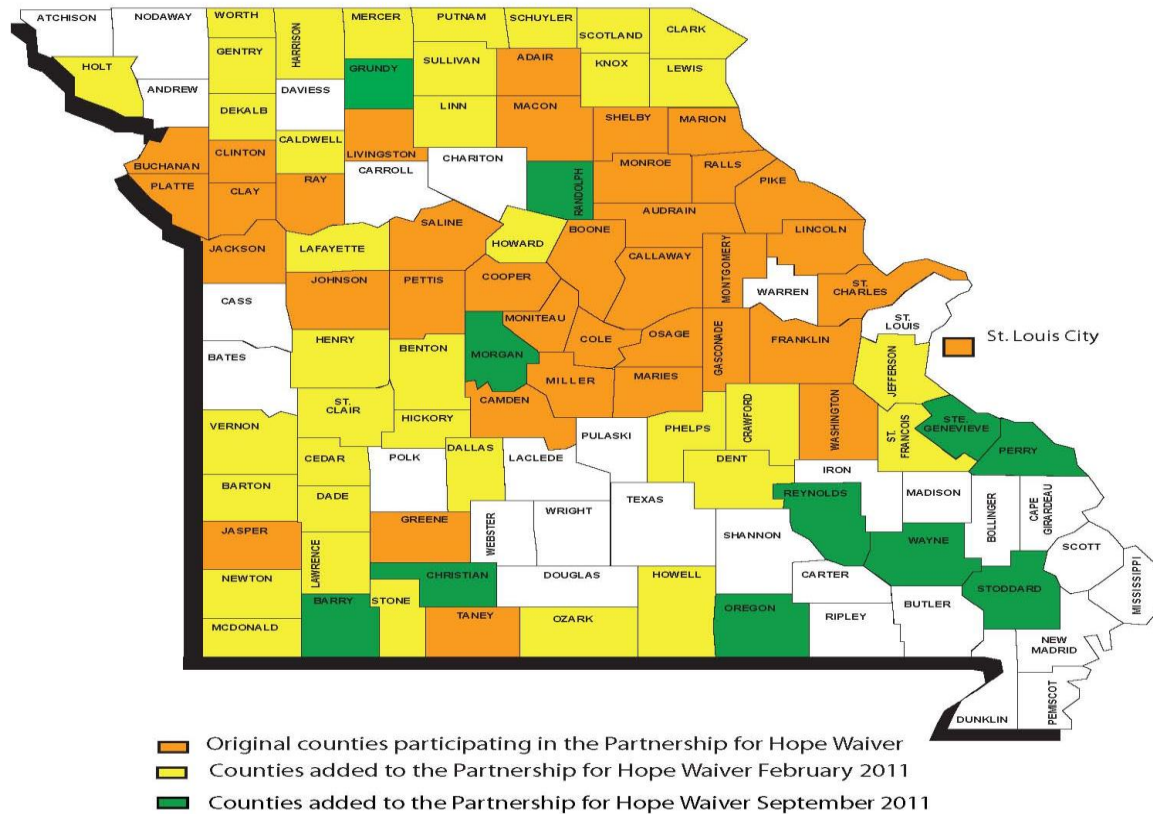


■ Original counties participating in the Partnership for Hope Waiver

**■ New counties participating in the Partnership for Hope Waiver effective February 2011**

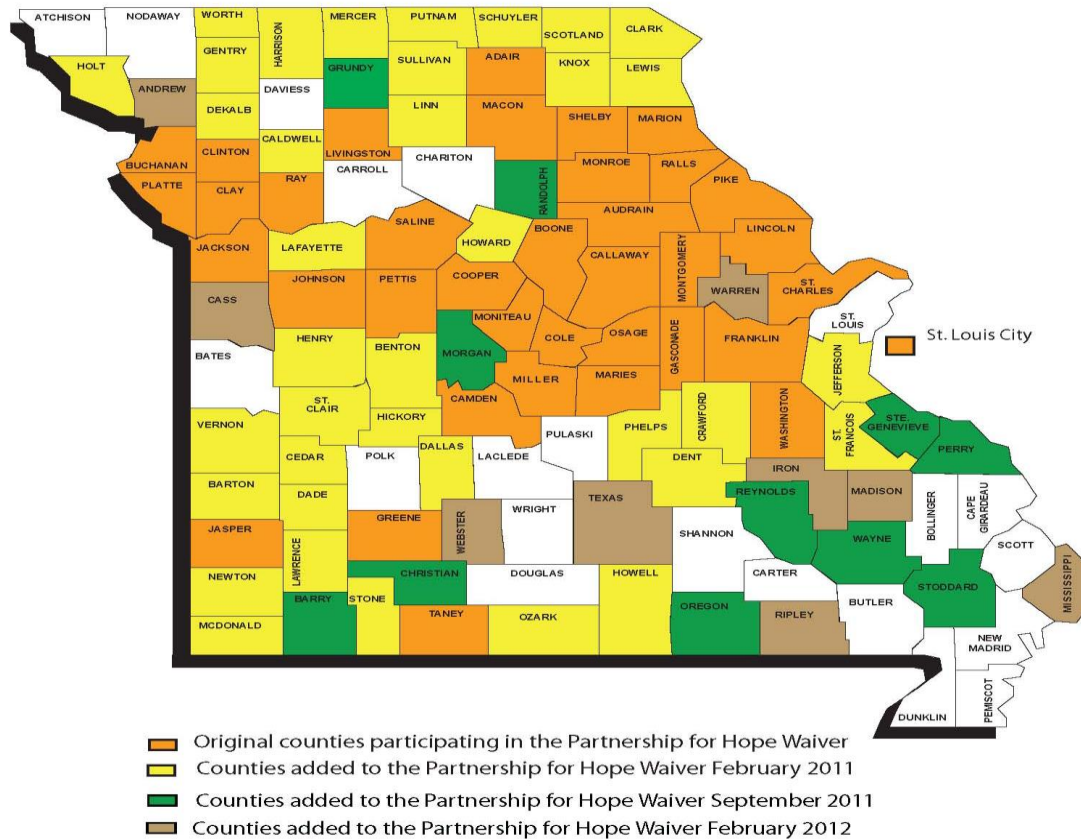
# PARTNERSHIP FOR HOPE SEPTEMBER 2011

## Partnership for Hope Waiver Counties



# PARTNERSHIP FOR HOPE FEBRUARY 2012

## Partnership for Hope Waiver Counties



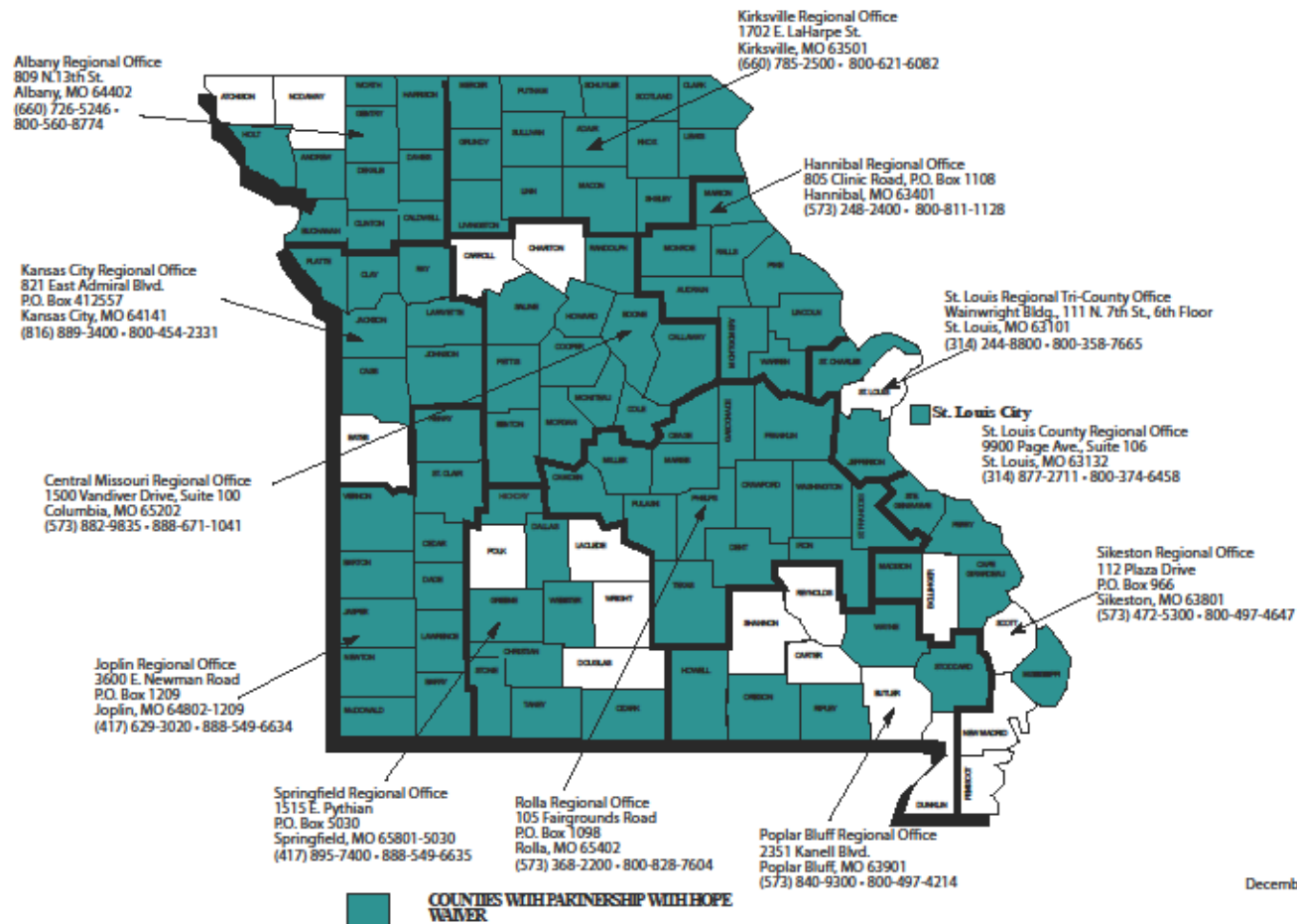
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- August 2012

# PARTNERSHIP FOR HOPE DECEMBER 2012

## Division of Developmental Disabilities Counties with Partnership for Hope Waiver



# WHY ARE SOME COUNTIES NOT INCLUDED?

- In 1969, Senate Bill 40 allowed counties to pass a local “mil” property tax to fund supports and services for people with developmental disabilities.
- Counties with this tax must establish a local board to govern the use of the funds. These are called “SB 40” boards.
- To date, 85 counties and the City of St. Louis have a local tax and SB 40 board for DD services.
- Most counties use funds for sheltered workshops.
- Many counties partner with the state to provide support coordination (also called “Targeted Case Management”) and/or to fund waiver services.

# WHY ARE SOME COUNTIES NOT INCLUDED?

- Medicaid services are funded through a cost-sharing arrangement with CMS. The federal share is called Federal Medical Assistance Percentage, or “FMAP”
- Missouri’s FMAP rate is approximately 62%
- Non-federal share must be public funds; typically either state general revenue, qualified provider tax, or local public funds.
- When the local county board elects to participate in Partnership for Hope, the cost of waiver services are shared by the state (19%), county (19%) and CMS (62%)

# EXPANDING THE GEOGRAPHIC REGION OF PARTNERSHIP FOR HOPE WAIVER

- When local SB 40 boards vote to participate in Partnership for Hope, the state must submit a formal waiver amendment to CMS expanding the geographic boundaries of the waiver.
- CMS has 90 days to approve the amendment or to request additional information.
- The state has amended the Partnership for Hope waiver 5 times since October of 2010, adding more counties with each amendment.

# PARTNERSHIP FOR HOPE WAIVER SERVICES

- Assistive Technology
- Behavior Analysis Service
- Community Employment
- Community Specialist
- Day Services
- Dental (adults only)
- Co-Worker Supports
- Environmental Accessibility Adaptations
- Job Preparation
- Job Discovery
- Occupational Therapy
- Person Centered Strategies Consultation
- Personal Assistant
- Physical Therapy
- Professional Assessment and Monitoring
- Specialized Equipment and Supplies
- Speech Therapy
- Support Broker
- Temporary Residential Service
- Transportation

# DENTAL SERVICES IN PARTNERSHIP FOR HOPE

- Because dental services are not covered for adults in Missouri's Medicaid State Plan except under specific circumstances, Missouri may cover dental care through the waiver.
- State must assure CMS that dental services covered through waiver will not supplant services that could be billed to regular Medicaid.
- Example: Dental care required due to trauma may not be covered through the waiver.
- Example: Dental care required due to physical health condition, when physician has ordered the dental treatment, may not be covered through waiver

# DETERMINING WAIVER ELIGIBILITY

- Key Support Coordinator functions to support waiver eligibility determination:
  - Individual Support Plan Development
  - ICF/DD Level of Care determination completed
  - Waiver, Provider and Services Choice statement
- Waiver slot must be assigned to individual before waiver services begin

# INDIVIDUAL SUPPORT PLAN (ISP)

- Developing and implementing the person's ISP is an essential component of waiver programs
- ISP
  - Based on Person-Centered Planning principles and Missouri Quality Outcomes – Individual-driven process
  - Identifies the individual's goals, needs, and preferences
    - Based on functional assessment, and, as applicable, other interdisciplinary evaluation(s) - by qualified entities
  - Strategies to meet goals to include identifying waiver, state plan, and other services and supports to help achieve desired quality of life in one's community
  - Emphasis on choices throughout plan development and implementation (e.g., choice of provider)

# INDIVIDUAL SUPPORT PLAN (ISP)

- ISP (Cont'd)
  - Responsible entities identified for ISP implementation and monitoring
  - Subject to continuous revision for optimal individual benefit
    - Ongoing monitoring to ensure progress in meeting goals established
    - Timely review and updates as individual's needs change

# PRIOR AUTHORIZATION FOR PARTNERSHIP FOR HOPE WAIVER DENTAL SERVICES

- Prior to any dental service provision dental provider must receive written approval from the support coordinator
- If the dental provider would like support information for the person to receive the service, they can inquire with the support coordinator to receive the person's Individual Support Plan

# PROVIDER ENROLLMENT OPTIONS FOR DD PARTNERSHIP FOR HOPE WAIVER DENTAL SERVICE PROVISION

- Enroll directly with MO HealthNet as a DD waiver provider (contract with DMH still required)

Or

- Become a sub-contractor for an OHCDS

# ORGANIZED HEALTH CARE DELIVERY SYSTEM (OHCDS)

- Allows entities providing at least one direct Medicaid service (e.g., waiver service), using their own staff, to subcontract with other qualified providers to deliver other waiver services
- OHCDS has provider agreement with the State
  - MO HealthNet Enrollment
  - DMH Contract for Services
- OHCDS has a written agreement with subcontractor to provide the service
- Allows OHCDS payment for service to the subcontractor
- OHCDS bills MO HealthNet for waiver service provided by the subcontractor

# BILLING FOR WAIVER SERVICES

- DMH automated prior authorization system creates an invoice for the provider for authorized services
- Waiver provider can access invoice electronically to bill authorized waiver services provided
- DMH serves as the billing agent on behalf of all waiver service providers
  - All waiver claims must be processed through the DMH billing system for submission to the MO HealthNet fiscal agent
  - MHD fiscal agent reimburses the provider for services rendered
  - Remittance Advice indicating disposition of billed services accompanies the reimbursement

# MO DIVISION OF DD WEBSITE PARTNERSHIP FOR HOPE WAIVER DENTAL SERVICE

- MO Division of DD internet website  
<http://dmh.mo.gov/dd/>
- Information for providers  
<http://dmh.mo.gov/dd/provider/>
- Home and Community Based Waivers  
<http://dmh.mo.gov/dd/progs/waiver/index.htm>
- Partnership for Hope Waiver  
<http://dmh.mo.gov/dd/progs/waiver/partnership.htm>
- FAQs for Partnership for Hope Waiver dental service  
<http://dmh.mo.gov/docs/dd/PfHFAQdental.pdf>